

LEGAL DEFENSE FUND COVER PAGE

Report must be legible, typed or printed in ink and signed by the Treasurer/Designated Record Keeper and Official.

Recoved 4/29

FOR	UFFI	JIAL (つかにょ	JNLY

1a. Legal Defense Fund I.D. Number: 007 1b. Legal Defense Fund Name: TODD COURSER LDF 1c. Legal Defense Fund Address: 455 S MAIN STREET LAPEER, MI 48446	2a. Official's Full Name: TODD A COURSER 2b. Official's Office: STATE REPRESENTATIVE			
1d. Legal Defense Fund Phone: 810-245-0813				
3a. Treasurer's Full Name: TODD A COURSER 3b. Treasurer's Residential Address: 3110 MURPHY LAKE RD SILVERWOOD, MI 48760	3c, Treasurer's Business Address: 455 S MAIN STREET LAPEER, MI 48446			
	3d. Treasurer's Phone Number(s):			
4a. Quarterly Transaction Report Covering: ☐ January 1 - March 31; Due: April 25th ☐ April 1 - June 30; Due: July 25 th ☐ July 1 - September 30; Due: October 25th ☑ October 1 - December 31; Due: January 25th 4b. ☒ Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)	Effective Date of Dissolution 1 , 24 , 16 By checking this item, I'We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.			
6. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete. Official's Signature and Date:				
Treasurer's/Designated Record Keeper's Signature and Date:				



LEGAL DEFENSE FUND SUMMARY PAGE

FOR OFFICIAL USE ONLY

Summary Page

* ***	Column I Thie Period	Column II - Cumulative Calendar Year
1. Contributions	1a. \$ 8,695.00 1b. 5	8,695.00
2. In-Kind Contributions	2a. \$ 2b. \$	
3. TOTAL CONTRIBUTIONS	3a. \$ 8,695.00	8,695.00
4. Itemized Expenditures	4a. \$ 8,695,00	
5. Uniternized Expenditures (less than \$50.01 each - no Schedule)	5a. \$	a .
6. TOTAL EXPENDITURES	6a. \$ 8,695.00 6b.	8,695.00
BA	LANCE STATEMENT	
Ending Balance of last report filled (Enter zero if no previous reports have been filled.)	7. s_0.00	
8. Amount received during reporting period (item 1a,)	8. \$ 8,695.00	
9. SUBTOTAL Add lines 7 and 8	9. \$_8,695.00	
10. Amount expended during reporting period (item 6a.)	10. \$ 8,695.00	77 94
11. ENDING BALANCE (Subtract line 10 from line 9)	11.\$ 0.00	
10 gr	*The ending balance must always be a positive number	:

2016 APR 29 PM 2 37 ELECTIONS/GREAT SEAL



SCHEDULE 1

ITEMIZED CONTRIBUTIONS

1. Legal	Defense	Fund	I.D.	Number	and	Name:

LEGAL DEFENSE FUND	TODD A CO	<u>URSER</u>	LDF	
Enter contributor's name and addres	S.	5. Amount	8. Amount (In-Kind)	7. Cumulative
2. Name and Address: TODD COURSER 455 S MAIN STREET LAPEER, MI 48446 4. If over \$100.00 cumulative, please	3. Date of Receipt: 10/26/2015 e provide: Occupation: ATTNY	\$ <u>6,000.00</u>		\$ 6,000.00
Employer: TODD COURSER PL	LC Place of Business: 455 S MAIN STREET			
2. Name and Address: TODD COURSER 455 S MAIN STREET LAPEER, MI 48446	3. Date of Receipt:	\$ <u>2,695.00</u>	\$	\$8,685.00
4. If over \$100,00 cumulative, please Employer: TODD COURSER PL	provide: Occupation: ATTNY LC Place of Business: 455 S MAIN STREET			54
2. Name and Address:	3. Date of Receipt:		12	
4. If over \$100.00 cumulative, please	provide: Occupation:	\$. \$	\$
Employer:	Place of Business:			100
2. Name and Address:	3. Date of Receipt:		12	
4. If over \$100.00 cumulative, please	provide: Occupation;	\$	\$	\$
Employer:			3	
2. Name and Address:	3. Date of Receipt:			
	10 W	\$	\$	\$
4. If over \$100.00 cumulative, please	provide: Occupation:			
Employer:	Place of Business:		2.	= 1
2. Name and Address:	3. Date of Receipt:			
•	- 144 - 144	\$	s	\$
4. If over \$100.00 cumulative, please	provide: Occupation:			-
Employer:	Place of Business:	(6)	99	Y #
	Page Subtotal:	\$	\$	\$
,	Grand Total: (Complete on last page of Schedule)	\$	\$	\$
Page of		Forward to #1 Summary Page	Forward to #2 Summary Page	



ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND		Legal Defense Fund I.D. Number and Name: "ODD COURSER LDF				
2. Name and address of person or vendor paid		3. Purpose	4. Date	5. Amount		
DAN RANDAZZO 2731 S ADAMS RD STE 100 ROCHESTER HILLS, MI 48309		ATTNY	51	\$ <u>2,695.00</u>		
DARETH WILSON 2731 S ADAMS RD STE 100 ROCHESTER HILLS, MI 48309		ATTNY	10/26/2015	\$ <u>6,000.00</u>		
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Page 1 of 1			£1.	Forward to #3 Summary Page		



LEGAL DEFENSE FUND COVER PAGE

Report must be legible, typed or printed in ink and signed by the Treasurer/Designated Record Keeper and Official.

FOR OFFICIAL USE ONLY

1a. Legal Defense Fund I.D. Number: 1b. Legal Defense Fund Name: TODD COURSER LDF 1c. Legal Defense Fund Address; 455 S MAIN STREET LAPEER, MI 48446	2a. Official's Full Name: TODD A COURSER 2b. Official's Office: STATE REPRESENTATIVE			
1d, Legal Defense Fund Phone: 810-245-0813	MICHIGAN 2016 JAN 2 ELECTIONS			
3a. Treasurer's Full Name: TODD A COURSER 3b. Treasurer's Residential Address: 3110 MURPHY LAKE RD SILVERWOOD, MI 48760	MICHIGAN DEPT OF STATE 2016 JAN 25 AN 8: 12 ELECTIONS / GREAT SEAL 3c. Treasurer's Business Address: 455 S MAIN STREET LAPEER, MI 48446			
8	3d. Treasurer's Phone Number(s):			
4s. Quarterly Transaction Report Covering: January 1 – March 31; Due: April 25th April 1 – June 30; Due: July 25th July 1 – September 30; Due: October 25th October 1 – December 31; Due: January 25th 4b. Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)	Effective Date of Dissolution Effective Date of Dissolution ———————————————————————————————————			
6. Verification: I/We cartify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.				
Official's Signature and Date:	1,24,2016			
Treasurer's/Designated Record Keeper's Signature and Date:				



LEGAL DEFENSE FUND SUMMARY PAGE

FOR OFFICIAL USE ONLY

Summary Page

La Caracteria de la Car		0.000.00	ear	
1. Contributions	1a. \$ <u>8,695.00</u>	1b. s 8,695.00	_	
2. In-Kind Contributions	2a. \$	2b. \$		
3. TOTAL CONTRIBUTIONS	эа. \$ 8,695.00	3b. \$ 8,695.00		
4. Itemized Expanditures	4a. S 8,695.00			
5. Unitemized Expenditures (less than \$50,01 each - no Schedule)	5a. \$	P. P.		
6. TOTAL EXPENDITURES	6s. \$ 8,695.00	6b. \$8,695.00	_	
BALANCE STATEMENT				
7. Ending Balance of last report filed	7. \$ 0.00			
(Enter zero if no previous reports have been filed.)	8. \$ 8,695.00			
8. Amount received during reporting period (Item 1a.)				
9. SUBTOTAL Add lines 7 and 8	в. \$_8,695.00			
10. Amount expended during reporting period (Item 6a.)	10.\$ 8,695.00			
11. ENDING BALANCE	11.\$ 0.00			
(Subtract line 10 from line 9)	*The ending balance must always be a positive	number.		

Glear Form



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS		
SCHEDULE 1		
LEGAL DEFENSE FUND		

1. Legal Defense Fund I.D. Number and Name:

TODD A COURSER LDF

- mm A-1 pr so met sint a de ord à A-1 4 m.	TODD A COC	TOLIV		
Enter contributor's name and address.		5. Amount	6. Amount (in-Kind)	7. Cumulative
TODD COURSER 455 S MAIN STREET LAPEER, MI 48446	f Receipt: 10/26/2015	\$ 6,000.00	\$	\$ <u>8,000.00</u>
If over \$100.00 cumulative, please provide: Occupation: A Place of Business	S. 456 S MAIN STREET		12.	
	f Receipt:			
TODD COURSER 455 S MAIN STREET LAPEER, MI 48446		\$ <u>2,695.00</u>	\$	\$ <u>8,695.00</u>
4. If over \$100.00 cumulative, please provide: Occupation: A Employer: TODD COURSER PLLC Place of Business	TTNY 3: 455 8 MAIN STREET			
2. Name and Address: 3. Date o	f Receipt:			72
•,-	,	\$.\$	\$
4. If over \$100.00 cumulative, please provide: Occupation:				=
Employer: Place of Business	s:		X	·
2. Name and Address: 3. Date of	f Receipt:		r.	
	,	\$	s	\$
4. If over \$100.00 cumulative, please provide: Occupation:				196
Employer: Place of Business	s:		2.	
2. Name and Address: 3. Date of	Receipt:	Te .	1.	-1
	\$	\$	\$	\$
4. If over \$100.00 cumulative, please provide: Occupation:	 ,		ÿ	
Employer: Place of Business 2. Name and Address: 3. Date of	The second secon			-00
Z. Name and Address.	Necesipi:	1	9. 9.	
•	•	\$	\$	\$
4. If over \$100.00 cumulative, please provide: Occupation:				
Employer: Place of Business	,		•	
	Page Subtotal: Grand Total:	.\$	\$	\$
Page of	last page of Schedule)	Forward to #1 Summary	Forward to #2 Summery	\$
Laga 1 of C		Page	Page	



ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND	1. Legal Defense Fund I.D. Num TODD COURSER LDF		
2. Name and address of person or vendor pald	3. Purpose	4. Date	5. Amount
DAN RANDAZZO 2731 S ADAMS RD STE 100 ROCHESTER HILLS, MI 48309	ATTNY		\$ 2,695.00
DARETH WILSON 1731 S ADAMS RD STE 100 ROCHESTER HILLS, MI 48309	ATTNY	10/26/2015	\$ <u>6</u> ,000.00
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	Grand To (Complete on last page of Sched		\$ 8,695.00 Forward to #3
Page 1 of 1	*		Summary Page



LEGAL DEFENSE FUND COVER PAGE

RECEIVED/FILED MICHIGAN DEPT OF STATE

2016 JAN 26 AM 8: 28

ELECTIONS/GREAT SEAL

Report must be legible, typed or printed in ink and signed by the Treasurer/Designated Record Keeper and Official.

FOR OFFICIAL USE ONLY

and Official,			
1a. Legal Defense Fund I.D. Number: 1b. Legal Defense Fund Name: TODD COURSER LDF 1c. Legal Defense Fund Address: 455 S MAIN STREET LAPEER, MI 48446	2a. Official's Full Name: TODD A COURSER 2b. Official's Office: STATE REPRESENTATIVE		
1d. Legal Defense Fund Phone: 810-245-0813			
3a. Treasurer's Full Name: TODD A COURSER 3b. Treasurer's Residential Address: 3110 MURPHY LAKE RD SILVERWOOD, MI 48760	3c. Treasurer's Business Address: 455 S MAIN STREET LAPEER, MI 48446		
	3d. Treasurer's Phone Number(s):		
4a. Quarterly Transaction Report Covering: January 1 – March 31; Due: April 25th April 1 – June 30; Due: July 25 th July 1 – September 30; Due: October 25th October 1 – December 31; Due: January 25th 4b. Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)	5. Dissolution of Legal Defense Fund: Effective Date of Dissolution		
6. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Official's Signature and Date:	1, 24, 2016 1 Date: 1, 24, 2016		
Treasurer's/Designated Record Keeper's Signature and	Date: 1, ZY, 2016		



LEGAL DEFENSE FUND SUMMARY PAGE

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ 8,695.00	1b. \$ 8,695.00
2. In-Kind Contributions	2a. \$	2b. \$
3. TOTAL CONTRIBUTIONS	3a. \$ 8,695.00	зь. s 8,695.00
4. Itemized Expenditures	4a. \$ 8,695.00	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a, \$	
6. TOTAL EXPENDITURES	6a. \$ 8,695.00	6b. \$ 8,695.00
BA	LANCE STATEMENT	
7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ 0.00	
8. Amount received during reporting period (Item 1a.)	8. \$ 8,695.00	
9. SUBTOTAL Add lines 7 and 8	9. \$_8,695.00	Ŧ
10. Amount expended during reporting period (Item 6a.)	10. \$ 8,695.00	
11. ENDING BALANCE	11.\$ 0.00	
(Subtract line 10 from line 9)	* The ending balance must always be a por	sitive number.



S Clear Form

ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND

1. Legal Defense Fund I.D. Number and Name:

TODD A COURSER LDF

Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: TODD COURSER 455 S MAIN STREET LAPEER, MI 48446	\$ <u>6,000.00</u>	\$	\$ <u>6,000.00</u>
4. If over \$100.00 cumulative, please provide: Occupation: ATTNY			
Employer: TODD COURSER PLLC Place of Business: 455 S MAIN STREET		-	
2. Name and Address: TODD COURSER 455 S MAIN STREET LAPEER, MI 48446	\$ <u>2,695.00</u>	\$	\$ <u>8,695.00</u>
4. If over \$100.00 cumulative, please provide: Occupation: ATTNY Employer: TODD COURSER PLLC Place of Business: 455 S MAIN STREET		3	
2. Name and Address: 3. Date of Receipt:) (1	
4. If over \$100.00 cumulative, please provide: Occupation:	\$	\$	\$
Employer: Place of Business:		,	
2. Name and Address: 3. Date of Receipt:			
If over \$100.00 cumulative, please provide: Occupation:	\$	\$	\$
Employer: Place of Business:			
2. Name and Address: 3. Date of Receipt:			
	\$	\$	\$
4. If over \$100.00 cumulative, please provide: Occupation:			
Employer: Place of Business:			
•	\$	\$	\$
4. If over \$100.00 cumulative, please provide: Occupation:		* *	
Employer: Place of Business:			
Page Subtotal: Grand Total:	\$	\$	\$
(Complete on last page of Schedule)	\$	\$	\$
Page of	Forward to #1 Summary Page	Forward to #2 Summary Page	



ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND		Legal Defense Fund I.D. Number ar	nd Name:	
2. Name and address of person or vendor paid	Airen	3. Purpose	4. Date	5. Amount
DAN RANDAZZO 2731 S ADAMS RD STE 100 ROCHESTER HILLS, MI 48309		ATTNY		\$ 2,695.00
DARETH WILSON 2731 S ADAMS RD STE 100 ROCHESTER HILLS, MI 48309		ATTNY	10/26/2015	\$ <u>6,000.00</u>
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		Page Subtotal		\$
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Page 1 of 1		· · · · · · · · · · · · · · · · · · ·	<u> </u>	Summary Page



LEGAL DEFENSE FUND COVER PAGE

RECEIVED/FILED MICHIGAN DEPT OF STATE

2015 NOV -9 AM II: 37

ELECTIONS/GREAT SEAL

Report must be legible, typed or printed in ink and signed by the Treasurer/Designated Record Keeper and Official.

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and Omolan	
1a. Legal Defense Fund I.D. Number: 1b. Legal Defense Fund Name: TODD COURSER LDF 1c. Legal Defense Fund Address: 455 S MAIN STREET LAPEER, MI 48446	2a. Official's Full Name: TODD A COURSER 2b. Official's Office: STATE REPRESENTATIVE
1d. Legal Defense Fund Phone: 810-245-0813	
3a. Treasurer's Full Name: TODD A COURSER 3b. Treasurer's Residential Address: 3110 MURPHY LAKE RD SILVERWOOD, MI 48760	3c. Treasurer's Business Address: 455 S MAIN STREET LAPEER, MI 48446
	3d. Treasurer's Phone Number(s):
4a. Quarterly Transaction Report Covering: January 1 – March 31; Due: April 25th April 1 – June 30; Due: July 25 th July 1 – September 30; Due: October 25th October 1 – December 31; Due: January 25th 4b. Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)	Effective Date of Dissolution
6. Verification: I\We certify that all reasonable diligence the best of my\our knowledge and belief the contents ar	was used in the preparation of this statement and attached schedules (if any) and to re true, accurate and complete.
Official's Signature and Date:	11,5,15
Treasurer's/Designated Record Keeper's Signature and	Date: 11, 5, 15



LEGAL DEFENSE FUND SUMMARY PAGE

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year		
1. Contributions	ta. \$ 8,695.00	_{1b.} \$ 8,695.00		
2. In-Kind Contributions	2a. \$	2b. \$		
3. TOTAL CONTRIBUTIONS	_{3a. \$} 8,695.00	_{3b. \$} 8,695.00		
4. Itemized Expenditures	_{4a. \$} 8,695.00	_		
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$			
6. TOTAL EXPENDITURES	6a. \$ 8,695.00	_{6b. \$} 8,695.00		
BALANCE STATEMENT				
Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$_0.00			
Amount received during reporting period (Item 1a.)	8. \$ 8,695.00			
9. SUBTOTAL Add lines 7 and 8	9. \$_8,695.00	•		
Amount expended during reporting period (Item 6a.)	10. \$ 8,695.00			
11. ENDING BALANCE	11. \$ 0.00			
(Subtract line 10 from line 9)	* The ending balance must always be a	positive number.		
	III			



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND

1. Legal Defense Fund I.D. Number and Name:

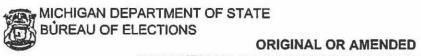
TODD A COURSER LDF

the term of the te	ED 10 25000 50 0	17 TO 18	. 27
Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: TODD COURSER 455 S MAIN STREET LAPEER, MI 48446 4. If over \$100.00 cumulative, please provide: Occupation: ATTNY Employer: TODD COURSER PLLC Place of Business: 455 S MAIN STREET	\$ 6,000.00	\$	\$ <u>6,000.00</u>
2. Name and Address: TODD COURSER 455 S MAIN STREET LAPEER, MI 48446 4. If over \$100.00 cumulative, please provide: Occupation: ATTNY Employer: TODD COURSER PLLC Place of Business: 455 S MAIN STREET	\$ 2,695.00	\$	\$ <u>8,695.00</u>
2. Name and Address: 3. Date of Receipt:			
4. If over \$100.00 cumulative, please provide: Occupation:	\$.\$	\$
Employer: Place of Business:			
2. Name and Address: 3. Date of Receipt:			
4. If over \$100.00 cumulative, please provide: Occupation: Employer: Place of Business:	\$	\$	\$
Name and Address: 3. Date of Receipt:		24	
4. If over \$100.00 cumulative, please provide: Occupation: Employer: Place of Business:	\$	\$	\$
Name and Address:		100000	
4. If over \$100.00 cumulative, please provide: Occupation:	\$	\$	\$
Employer: Place of Business:	e	\$	r.
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(Complete on last page of Schedule)	\$	\$	\$
Page of	Forward to #1 Summary Page	Forward to #2 Summary Page	



1. Legal Defense Fund I.D. Number and Name:

ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND	1. Legal Defense Fund I.D. Number and Name: TODD COURSER LDF		
2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amount
DAN RANDAZZO 2731 S ADAMS RD STE 100 ROCHESTER HILLS, MI 48309	ATTNY		\$ 2,695.00
DARETH WILSON 2731 S ADAMS RD STE 100 ROCHESTER HILLS, MI 48309	ATTNY	10/26/2015	\$ 6,000.00
			\$
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			\$
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			\$
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			\$
			\$
			\$
	Page Subtotal Grand Total		\$
	(Complete on last page of Schedule)		\$ 8,695.00 Forward to #3
Page 1 of 1			Summary Page



STATEMENT OF ORGANIZATION FORM FOR LEGAL DEPENSE FUND	0
1. Legal Defense Fund ID #: 007	***
2. Type of Filing: X Original Filing Amendment: Items: Eff. Date:	11/05/15
3. Full Name of Legal Defense Fund: (Must include Official's first and last name and the word TODD COURSER LDF	ds "Legal Defense Fund")
4. Public Official Full Name (Last, First, M.I.): COURSER, TODD, A 5a. Office (Check one): Governor State Senator MSU Trustee Circuit Court	Local Gr Office phose
□Lt. Governor Image: State Rep. □WSU Gov. □District Court □Sec. of State □State Bd. of Ed. □Supreme Court □ Probate Court □Attorney General □UofM Reg. □Appeals Court □Municipal Court	OV -9 1
5b. District/Circuit # or Jurisdiction: 82	TOFS AMIL: REAT SI
6. A description of the criminal, civil or administrative action at issue: LEGAL DEFENSE	EPT OF STATE
	, m
7. Date of Initial Contribution/Expenditure: 10 / 26 / 2015	- NO
8a. Complete Mailing Address (May be PO Box): 8b. Complete Street Addres	s (May not be PO Box):
455 S MAIN STREET LAPEER, MI 48446 LAPEER, MI 48446	
LAPEER, IVII 40440	
8c. Legal Defense Fund Phone #: 810-245-0813	-
8d. Legal Defense Fund Fax #: 810-245-0907	
8e. Legal Defense Fund E-mail Address: front desk@hotma:1.com	^
8f. Legal Defense Fund Web Address:	
9a. Treasurer Name and Complete Street Address:	r
TODD COURSER 455 S MAIN STREET LAPEER, MI 48446	
9b.Treasurer Phone #: 810-245-0813	
9c. Treasurer E-mail Address:	
10. Designated Recordkeeper Name: GEORGEANN COURSER	
. 11. Name and Address of Depository or Intended Depository of Legal Defense Fund funds. Union or Savings & Loan Association)	(Michigan Bank, Credit
CHASE BANK 1643 N LAPEER LAPEER MI 48446	
12. Verification: I/We certify that all reasonable diligence was used in the preparation of the a the contents are true, accurate and complete to the best of my/aur knowledge or belief.	bove statement and that
Public Official Signature:	// 6 / /5
Current Treasurer Signature:	111 51 15
1/7	Date

LDF SO.doc REV 09/09: Authority granted under Act 288 of 2008